SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL.

LONDON: SATURDAY, MARCH 27TH, 1920.

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SPECIAL NOTICE TO MEMBERS.

Every Member is requested to preserve this "Supplement," which contains matters specially referred to Divisions, until the subjects have been discussed by the Division to which he or she belongs.

Matters Referred to Divisions.

FEES FOR MEDICAL EXAMINATIONS FOR LIFE INSURANCE.

THE Annual Representative Meeting, 1919, directed the Council to consider and report on the question of fees for medical examinations for life insurance, a subject which has engaged the attention of the Association on many occasions during the past eighteen years and on which it has always been found impossible to obtain anything like agreement on a policy.

The Medico-Political Committee has on this occasion fully discussed the matter with the Life Offices Association, a body representative of all British Life Insurance Companies. The agreed report of that discussion is appended, and it is hoped that it will receive the immediate and earnest attention of the Divisions.

Based on this report, the Medico-Political Committee has arrived at certain conclusions which will be submitted to the Council and will form part of the Council's Report to the Annual Representative Meeting, 1920. In addition to instructing their Representatives Divisions should also forward their opinions to the Medical Secretary in order that, if necessary, there may be a supplementary report on the subject.

RECOMMENDATIONS.

(*a*) *Industrial Offices.*—That the fee for medical examination for industrial insurance be 5s. (minimum) or 10s. 6d., according to the form of report asked for.

(*b*) *Intermediate Offices*—that is, the ordinary branch of industrial offices and ordinary offices which issue policies whose average amount is small (for example, ordinary branch of Prudential and the Provident Mutual Life): That the minimum fee for medical examination be 10s. 6d. for policies up to and including £100, and 21s. if over £100.

(*c*) *Ordinary Offices.*—That the fee for medical examination be 21s., whatever the amount of the policy.

(*d*) That the fee for a medical certificate (without medical examination) for children proposed for "thrift policies" remain at 10s. 6d.

(*e*) That in no case shall any reduction be made in any existing fee for medical examination for life insurance.

(*f*) That no attempt be made to standardize the guinea form of report, as there are only slight differences between the forms already in use in most British offices.

(*g*) That representations be made to the Life Offices Special Committee as to the modification of these forms which are objectionable from the medical examiners' point of view.

The above proposals represent considerable improvements on the present position. They are as follows:

(*a*) About 35 companies will pay a guinea for insurances of £100 which previously only paid 10s. 6d. Of these companies, 20 are still paying 10s. 6d. where the sum assured is under £300, and 7 pay 10s. 6d. where the sum is under £500.

(*b*) There will be no reduction in any of the existing fees, and some of the intermediate fees will be levelled up—that is to say, a 3s. fee would go up to 5s., and a 7s. 6d. fee would go up to 10s. 6d.

(*c*) The 2s. 6d. fee for small industrial insurances disappears altogether, and is replaced by a 5s. fee.

The Association has made strong representations in favour of a general increase on all the pre-war fees and suggested a 50 per cent. increase on the guinea fee, but this the life assurance offices have absolutely refused to accept. They consider that they have made a great concession by the raising of the 10s. 6d. fee to a guinea, and they will strenuously resist any attempt on the part of the profession to obtain a fee higher than a guinea for what they call a normal examination. They will in the future, as in the past, continue to pay higher fees for exceptional cases.

In discussing the matter the Divisions must remember that the life assurance offices have stated that they are prepared, if the offer now made is refused, to meet the situation by eliminating medical examinations in a large number of cases (as is already done by some companies) and by combining either to create whole-time examiners in the large towns, or to place a very considerable amount of work in the hands of two or three men in those towns.

APPENDIX.

Report of Conference.

Report of a Meeting of Representatives of The Life Offices Association, the Associated Scottish Life Offices and the British Medical Association, held at the Offices of the Alliance Assurance Company, Limited, Bartholomew Lane, E.C., on Thursday, the 11th December, 1919.

PRESENT:—*The Life Offices Association*—Mr. A. Levine (in the Chair), Messrs. Besant, Coutts, Hovil, Laing, Thompson, and Mr. Humphry (Secretary).

Associated Scottish Life Offices—Mr. A. K. Rodger, M.P.

British Medical Association—Drs. J. W. Bone, John Clarke, A. Fulton, R. Wallace Henry, R. E. Howell, H. C. Maotier, A. Cox (Medical Secretary) and Courtenay Lord (Assistant Medical Secretary).

The Chairman in opening the proceedings stated that the Meeting had been arranged to discuss informally the question of the Fees at present paid to Medical Practitioners by the Life Assurance Offices in respect of Medical Examinations and Reports and to consider the desirability or otherwise of their

revision. He suggested that it would be convenient to divide the Offices into three classes, namely, Ordinary, Industrial and Intermediate, and to deal with the matter separately in regard to each class. At the request of a representative of the British Medical Association the classes were defined as :—

Ordinary.—Offices in which the amounts assured by the policies issued range from £100 upwards and average perhaps about £500, and in which the premium is usually paid at intervals of not less than three months, and the first premium may average something like £15 to £20.

Industrial.—Offices in which the sums assured by the policies issued are very small and the premiums are collected by weekly instalments of a few pence.

Intermediate.—Offices in which premiums are principally paid at monthly or longer intervals but the average amount of the policies issued is approximately £120 to £125.

It was understood that the representatives present were not authorised to commit their respective Associations to any agreement.

A very full discussion ensued, during which attention was called to the desirability of examinations in all cases (with the exception of purely industrial assurances) being of a thorough character and to the great diversity of practice among the Offices in regard to the number of questions appearing on their forms. Reference was made to the strong feeling in the medical profession that the 2s. 6d. fee in industrial assurances should be abolished, and it was suggested by a representative of one of the Industrial Offices that it might be possible to dispense with examinations altogether in industrial and the smaller ordinary cases as the limited experience of certain Offices in this direction had been very favourable.

The doctors present reported that there was strong feeling on the part of the medical profession that insurance fees generally should be increased in view of the general rise in prices.

It was agreed that some revision of the existing fees and a standardisation of forms was desirable and that a reasonable basis for consideration would be :—

(1) *Ordinary Offices.*—A fee of £1 1s. for all examinations—the report being made in a standardized form to be agreed, or one of less complexity should any Office prefer remuneration for any supplementary report required by the Office to be arranged between the parties concerned.

(2) *Industrial Offices.*—A fee of 5s. to be allowed as a general rule in industrial proposals, the report being made in a standardized form to be agreed.

(3) *Intermediate Offices.*—Including the Ordinary Department of Industrial Offices. A fee of 10s. 6d. in all cases where the sum assured does not exceed £100, the report being made in a standardized form to be agreed. In cases where the sum assured exceeds £100 a fee of £1 1s. to be paid and the standardized form applicable to ordinary offices to be used.

(4) The fee to be paid in all cases for reports from the medical attendant of an applicant, where no examination is required, should not exceed £1 1s.

(5) No fee should be charged for a reply to the ordinary enquiries in cases in which the name of a medical practitioner has been given as a reference in his private capacity.

It was decided that an agreed report be prepared and submitted to the respective Associations, it being understood that, if the principle of standardized forms be accepted, the actual questions to be embodied in the forms should be decided in consultation.

The meeting then adjourned.

PAYMENT OF MEDICAL STAFFS OF HOSPITALS FOR PENSIONS WORK.

THE following resolution, which will be considered at the Annual Representative Meeting in June, has been passed by the Council:

That for all work for soldiers and sailors, whether discharged or not, for any disease or injuries connected with the war, undertaken at voluntary hospitals, the medical staffs should be adequately remunerated. In any case the remuneration should represent an addition of not less than 25 per cent. to the cost of maintenance of in-patients, and not less than 25 per cent. of the ascertained cost per patient per attendance for out-patients, the additional sum to be placed at the disposal of the medical staff; that in the case of special clinics (for example, aural and ophthalmic) the fee payable to the medical practitioner should not be less than the fee payable by the Ministry of Pensions for identical or similar services—namely, £2 2s. per session.

So far as in-patients are concerned the resolution is self-explanatory.

As regards out-patients, it might appear that the amount which will be produced is very small, but careful consideration will show that it may in fact be a fairly substantial sum. Supposing the ascertained cost per patient per attendance were 2s., then 6d. would be the amount to be paid into the medical pool for each time the disabled person attends as an out-patient. Many of these cases are not seen by a medical man at all, as, for example, in the case of an orthopaedic out-patient, where the patient simply attends on many occasions for massage or other treatment given by masseur, masseuse, or nurse. It has been found by experience that the percentage recommended has made available an amount sufficiently large to remunerate to their satisfaction those of the medical staff who attend disabled persons in the hospitals.

The whole matter is being discussed by the Hospitals Committee of the Association, the British Hospitals Association, and the Ministry of Pensions, and the resolution which is to be submitted to the Representative Body has been favourably considered by these bodies and is awaiting the decision of the Treasury.

It is now desired that the Divisions will give the subject their consideration and send their views to the Medical Secretary, either in the form of suggestions for the Hospitals Committee, which could receive attention before the issue of the Report of Council, or in the form of a motion for the Annual Representative Meeting. It is hoped that the Secretaries of Divisions in which this pension work is being carried on will put the subject down on their agenda for the next meeting, and specially ask the doctors attached to the hospitals to attend.

TRAINING OF MIDWIVES.

ON September 19th, 1919, the Board of Education issued a set of draft Regulations for the training of midwives with most of which every member of the profession will be in entire agreement. Paragraph 3 of the memorandum, however, says:

Under modern conditions a midwife should be competent not only to attend confinements but to advise her clients in regard to ante-natal conditions (other than those requiring medical attention), and the care of the newly-born child. It follows that in accordance with the requirements of the Central Midwives Board the curriculum should provide not only for the training of the student to follow the profession of the midwife in its narrow interpretation, but also for giving her a satisfactory knowledge of such subjects as the hygiene of pregnancy, the care and management of the infant, the best methods of encouraging breast feeding, hand feeding of infants, and some practical acquaintance with elementary hygiene, personal, domestic, and general. The student should also be made familiar with the work of maternity centres, infant welfare centres, and other similar institutions.

The Medico-Political Committee, while agreeing that it is desirable that midwives should be instructed in the hygiene of pregnancy, is of opinion that they should be given no responsibility for ante-natal conditions, for which skilled medical advice should always be sought; that midwives should be instructed that in all cases of pregnancy in which they are engaged for the confinement they should advise the patient to consult a doctor before the event; and that a suitable fee for this ante-natal examination should be included in the fees prescribed by the Ministry of Health.

The Committee would be glad if the Divisions would consider this matter and favour it with their comments, and would urge that in discussing the matter the opinion not only of general practitioners but of those concerned in training midwives should be sought.

British Medical Association.

CURRENT NOTES.

British Medical Association Lectures.

A LECTURE on "Vaccine Therapy" will be delivered by Mr. A. Fleming, F.R.C.S., at the meeting of the North Middlesex Division on April 21st. Sir Frederick Mott, K.B.E., F.R.S., will lecture on "The Early Symptoms and Diagnosis of Diseases of the Spinal Cord" at the meeting of the Plymouth Division on April 28th. Lieut.-Colonel R. McCarrison, I.M.S., will lecture on "Deficiency Diseases" at a meeting of the South Wales and Monmouthshire Branch to be held next month.

Surplus Library Books.

Honorary secretaries of Divisions and Branches which have libraries are informed that surplus books in the Library of the Association may be obtained by them on application to the Librarian, British Medical Association, 429, Strand, W.C.2, who will supply a list of such books.

Income Tax of Civilian Doctors on War Work.

Owing to the difficulty in interpreting the exact meaning of what constitutes war work several cases have been sub mitted to the Association with a view to obtaining a ruling as to whether the lower rate of income tax applied to them. The following four specific cases were therefore put to the Commissioners of Inland Revenue:

(1) A., a civilian practitioner, acts as a member of a recruiting board, practically to the exclusion of his private work.
(2) B. attends at a V.A.D. hospital daily and is paid for his attendance.
(3) C. attends daily at a war hospital and is paid a fixed sum per day.
(4) D., a woman doctor on a whole-time contract with the War Office, is detailed to attend W.R.A.F. personnel.

The question was asked, "Can any or all of these examples claim the lower rate of income tax?" The answer of the Commissioners was to the effect that they would make no objection in the case of examples 2 and 3, but that examples 1 and 4 were not considered to be performing service of a naval or military character which would entitle them to the reduced rate of income tax. The reduced tax of course only applies to such part of the income as is paid by the Treasury. The reply as regards 1 and 4 is not considered entirely satisfactory, and further inquiries are being made. It appears anomalous, for example, that a woman doctor on a whole-time contract who happens to be detailed to attend W.R.A.F.'s and Q.M.A.A.C.'s should not be entitled to the benefits mentioned, whereas if she were attending soldiers in a military hospital she would be.

Scientific Meetings: North of England Branch.

It is gratifying to learn that the revival of scientific meetings of the North of England Branch of the British Medical Association, which were discontinued during the war, has been most successful. That these meetings have lost none of their former popularity is shown by the average attendance of ninety at the October, November, and December meetings. The success of these post-graduate demonstrations has resulted in their extension under the joint auspices of the British Medical Association, the Council of the University of Durham College of Medicine, and the honorary staff of the Royal Victoria Infirmary, Newcastle-on-Tyne. The new scheme, of which particulars were given in last week's SUPPLEMENT, provides for weekly classes lasting for three months.

Medical Cinematograph Films.

The question of making more effective use of existing medical cinematograph films, as well as that of arranging for the preparation of further medical films, is under consideration by the British Medical Association. The Medical Secretary would be grateful if members in possession of, or having the control of, any films of special medical interest would kindly send him information as regards the subjects dealt with and the number of films.

Association Notices.

MEETING OF COUNCIL.

THE next Meeting of Council will be held on Wednesday, April 14th, in the Council Room, 429, Strand, London, W.C. 2.

ELECTION OF REPRESENTATIVE BODY OF THE ASSOCIATION, 1920-21.

Constituencies in Representative Body.

THE list of the provisional ***Home Constituencies*** for election of the Representative Body, 1920-21, appeared in the SUPPLEMENT of January 24th, page 21.

As intimated to all the ***Oversea bodies,*** the Council has made each Oversea Division and Division-Branch, possessing an Honorary Secretary and the necessary organization, an independent Constituency.

Election of Representatives and Deputy-Representatives.

The Representatives and Deputy-Representatives in the Representative Body must be elected not later than May 28th, and their names notified to the Medical Secretary not later than June 4th.

The Council draws special attention to the fact that it is entirely within the discretion of each Constituency to decide whether the election of its Representative(s) and Deputy-Representative(s) shall be carried out ***by General Meeting of the Constituency, or by postal vote.***

Date of Annual Representative Meeting at Cambridge.

The Annual Representative Meeting at Cambridge will begin on Friday, June 25th, at 10 a.m.

Motions for the Annual Representative Meeting.

Notices of Motion by Divisions, Constituencies, or Branches, for the consideration of the Annual Representative Meeting, proposing to make any addition to, or any amendment, alteration or repeal of any Regulation or By-law, or to make any new Regulation or By-law, or proposing material alteration of the policy of the Association in matters relating to the honour and interests of the profession or of the Association, must be published in the JOURNAL not later than April 24th, and for this purpose should be received by the Medical Secretary ***not later than April 10th.***

ELECTION OF COUNCIL OF THE ASSOCIATION, 1920-21.

THE list of the Groups of Branches in the United Kingdom for election of twenty-four members of the Council, 1920-21, and Nomination Form, appeared in the SUPPLEMENT of January 24th, page 22. Separate ***Nomination Forms*** will be forwarded by the Medical Secretary on application by Branches, Divisions, or Members. The Nominations must be in the hands of the Medical Secretary ***not later than May 17th.***

BRANCH AND DIVISION MEETINGS TO BE HELD.

GLASGOW AND WEST OF SCOTLAND BRANCH.—Dr. A. Kennedy Glen, Honorary Secretary (Glasgow), gives notice that the Annual General Meeting of the Branch will be held in the Faculty Hall, 242, St. Vincent Street, Glasgow, on Wednesday, March 31st, at 4 p.m., when Dr. William Snodgrass will preside. Business: Honorary Secretary's Report. Honorary Treasurer's Report. Election of office-bearers. Consideration of proposal to hold Annual Meeting of the Association in Glasgow in 1922. Votes of thanks to past president and office-bearers. Demonstrations will be given (1) by Professor Carl Browning, on The Significance and Method of Determining Acetonuria; (2) by Dr. G. Haswell Wilson, on The Isolation of Tubercle Bacilli from Human Lesions: an Investigation on the Types of Tubercle Bacilli responsible for Disease.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION.—Dr. W. Paterson, Honorary Secretary (12, Craven Park Road, N.W.10) gives notice that a meeting of members and non-members will be held on Tuesday, March 30th, at 8.30 p.m., at St. Andrew's Parish Hall (Institute behind Church), High Road, Willesden Green. The business includes:—Agenda: Election of Representative for the Annual Representative Meeting, and consideration of the treatment of disabled soldiers as out-patients. The adjourned discussion on the general practitioner and municipal hospitals, clinics, etc. will be continued.

MIDLAND BRANCH: LINCOLN AND KESTEVEN DIVISION.—Dr. Godfrey Lowe, Honorary Secretary, Lincoln Division (42, Langworth Gate, Lincoln), gives notice that a meeting of members and non-members of the Lincoln and Kesteven Divisions will be held at Lincoln on Tuesday, April 27th, at 3 p.m. Dr. Alfred Cox, O.B.E., Medical Secretary, will attend and give an address, to be followed by a discussion. Further particulars will be announced later.

Meetings of Branches and Divisions.

GLASGOW AND WEST OF SCOTLAND BRANCH: GLASGOW EASTERN DIVISION.

A MEETING of the Glasgow Eastern Division was held on February 26th, when Dr. GLAISTER, President, was in the chair. The HONORARY SECRETARY (Dr. J. Dunlop) reported with regard to the Conferences of Panel Committees held in London on November 28th and 29th, 1919, and in Edinburgh on February 11th, 1920. Communications from the central body were read and discussed. The Secretary was instructed to sign the copy of Revised Ethical Rules and return it to head office. It was decided to make an effort to join up with the Eastern Medical Society and hold the meetings jointly. On the suggestion of Dr. MCCUTCHEON it was decided to report to the Branch on the question of forming a medical club in Glasgow.

British Medical Association.

EIGHTY-EIGHTH ANNUAL MEETING, CAMBRIDGE, JUNE-JULY, 1920.

President: Sir T. CLIFFORD ALLBUTT, K.C.B., LL.D., M.D., F.R.S., Regius Professor of Physic, University of Cambridge.
Chairman of Representative Meetings: T. W. H. GARSTANG, M.A.Oxon., M.R.C.S.Eng., D.P.H.Vict. (Altrincham).
Chairman of Council: J. A. MACDONALD, M.D., M.Ch., LL.D., Hon. Physician, Taunton and Somerset Hospital.
Treasurer: G. E. HASLIP, M.D. (London).

PROGRAMME.

The President will give an address on Tuesday evening, June 29th, in the Senate House, followed by a reception in King's College by the Cambridge and Huntingdon Branch.

The REPRESENTATIVE MEETING will begin in the Examination Halls on Friday, June 25th, at 10 a.m.

The statutory ANNUAL GENERAL MEETING will be held at the Examination Halls on Tuesday, June 29th, at 2 p.m.

The Annual Dinner of the Association will be held in the Hall of St. John's College at 7.30 p.m. on Thursday, July 1st.

Religious services will be held in the University Church, Great St. Mary's, and in the Roman Catholic Church, at 5 p.m. on Wednesday, June 30th.

The Popular Lecture will be given by Dr. G. S. Graham-Smith, F.R.S., at 8.30 p.m. on Friday, July 2nd.

DEMONSTRATIONS.

Laboratory and clinical demonstrations will be given from 2.30 to 4.30 p.m. (Wednesday, Thursday and Friday). The Directors of demonstrations are:

Medicine: Dr. ALDREN WRIGHT, 2, Corpus Buildings, Cambridge.
Surgery: Mr. ARTHUR COOKE, M.B., B.Ch.Oxon., Grove Lodge, Cambridge.
Physiology: Professor J. N. LANGLEY, F.R.S., Physiological Laboratory, Cambridge.
Pharmacology: Professor W. E. DIXON, F.R.S., Pharmacological Laboratory, Cambridge.
Neurology: Dr. E. D. ADRIAN, Trinity College, Cambridge.
Pathology: Professor Sir G. SIMS WOODHEAD, Pathological Laboratory, Cambridge.

THE SECTIONS.

The Sections will meet from 10 a.m. to 1 p.m.

Sections meeting on three days: Wednesday, June 30, Thursday, July 1, and Friday, July 2.

MEDICINE.

President: Sir HUMPHRY D. ROLLESTON, K.C.B., M.D., F.R.C.P.
Vice-Presidents: THOMAS BEATTIE, M.D., F.R.C.P.; Professor JOHN B. BRADBURY, M.D., F.R.C.P.; Sir THOMAS J. HORDER, M.D., F.R.C.P.; F. W. BURTON-FANNING, M.D., F.R.C.P.; THOMAS LEWIS, M.D., F.R.S.
Honorary Secretaries: A. J. JEX-BLAKE, M.D., F.R.C.P. (13, Ennismore Gardens, London, S.W.7); W. E. HUME, M.D., F.R.C.P. (4, Ellison Place, Newcastle-on-Tyne); E. LLOYD JONES, M.D. (59, Trumpington Street, Cambridge).

SURGERY.

President: Sir GEORGE H. MAKINS, G.C.M.G., C.B., F.R.C.S.
Vice-Presidents: HARRY LITTLEWOOD, C.M.G., F.R.C.S.; Sir CUTHBERT S. WALLACE, K.C.M.G., C.B., F.R.C.S.; GEORGE EDWARD WHERRY, M.Ch., F.R.C.S.; DAVID PERCIVAL D. WILKIE, F.R.C.S.Edin.
Honorary Secretaries: WM. HENRY BOWEN, M.S., F.R.C.S. (24, Lensfield Road, Cambridge); G. E. GASK, C.M.G., D.S.O., F.R.C.S. (41, Devonshire Place, London, W.1); GORDON TAYLOR, O.B.E., M.S., F.R.C.S. (15, Harley Street, London, W.1).

NEUROLOGY AND PSYCHIATRY.

President: HENRY HEAD, M.D., F.R.S.
Vice-Presidents: GORDON M. HOLMES, C.M.G., M.D., F.R.C.P.; W. H. RIVERS RIVERS, M.D., F.R.S.; LEWIS E. SHORE, M.D.; T. GRAINGER STEWART, M.D., F.R.C.P.; THEODORE THOMPSON, M.D., F.R.C.P.
Honorary Secretaries: E. D. ADRIAN, M.D., M.R.C.P. (Trinity College, Cambridge); E. FARQUHAR BUZZARD, M.D., F.R.C.P. (78, Wimpole Street, London, W.1); GEORGE RIDDOCH, M.D. (10, Alba Gardens, Golders Green, London, N.W.4).

PATHOLOGY AND BACTERIOLOGY.

President: Professor J. LORRAIN SMITH, M.D., F.R.S.
Vice-Presidents: J. A. ARKWRIGHT, M.D., F.R.C.P.; LOUIS COBBETT, M.D., F.R.C.S.; MERVYN H. GORDON, C.M.G., M.D.; T. S. P. STRANGEWAYS, M.R.C.S., L.R.C.P.
Honorary Secretaries: A. E. CLARK-KENNEDY, M.R.C.S., L.R.C.P. (Corpus College, Cambridge); A. E. GOW, M.D., F.R.C.P. (37, Queen Anne Street, London, W.1); HELEN INGLEBY, M.B., M.R.C.P. (35, Welbeck Street, London, W.1).

PHYSIOLOGY AND PHARMACOLOGY.

President: Professor F. GOWLAND HOPKINS, M.B., F.R.S.
Vice-Presidents: H. H. DALE, C.B.E., M.D., F.R.S.; Professor J. A. GUNN, M.D.; Professor D. NOEL PATON, M.D., F.R.S.; F. RANSOM, M.D.
Honorary Secretaries: D. V. COW, M.D. (The Bridge House, Great Shelford, Cambridge); EDWARD MELLANBY, M.D. (32, Addison Mansions, Kensington, London, W.14).

The following Sections meet on Wednesday only.

NAVAL AND MILITARY.

President: Colonel JOSEPH GRIFFITHS, C.M.G., M.D., F.R.C.S.
Vice-Presidents: Lieut.-Colonel E. J. CROSS, R.A.M.C.T.; Lieut.-Colonel R. H. ELLIOT, M.D., D.Sc., I.M.S.(ret.); Surgeon Commander H. W. B. SHEWELL, R.N.; Surgeon Rear Admiral A. GASCOIGNE WILDEY, C.B., R.N.
Honorary Secretaries: Major S. M. MACGREGOR, O.B.E., M.D., R.A.M.C.T. (Sanitary Chambers, Glasgow); Major H. B. RODERICK, O.B.E., M.Ch., M.D., R.A.M.C.T. (17, Trumpington Street, Cambridge); Lieut.-Colonel F. E. APTHORPE WEBB, O.B.E. (Grafton House, Maid's Causeway, Cambridge).

OBSTETRICS AND GYNAECOLOGY.

President: HERBERT WILLIAMSON, M.B., F.R.C.P.
Vice-Presidents: FREDERICK DEIGHTON, M.B.; J. PRESCOTT HEDLEY, M.Ch., F.R.C.S.; FRANCES IVENS, M.B., M.S.
Honorary Secretaries: MALCOLM DONALDSON, M.B., F.R.C.S. (145, Harley Street, London, W.1); W. R. GROVE, M.D. (St. Ives, Hunts).

TROPICAL MEDICINE.

President: Professor G. H. F. NUTTALL, M.D., F.R.S.
Vice-Presidents: BREADALBANE BLACKLOCK, M.D.; Lieut.-Colonel S. PRICE JAMES, M.D., I.M.S.; P. H. MANSON-BAHR, M.D.
Honorary Secretaries: CHARLES FREDERICK SEARLE, M.D. (71, Bridge Street, Cambridge); J. GORDON THOMSON, M.B. (24, Herne Hill, London, S.E.24).

The following Sections meet on Thursday only.

MEDICAL EDUCATION.

President: Sir GEORGE NEWMAN, K.C.B., M.D., F.R.C.P.
Vice-Presidents: G. S. GRAHAM-SMITH, M.D., F.R.S.; Professor DAVID HEPBURN, C.M.G., M.D.; THOMAS W. SHORE, M.D.; S. SQUIRE SPRIGGE, M.D.; Professor PETER THOMPSON, M.D.
Honorary Secretaries: S. R. GLOYNE, M.D. ("Hatherley," Chalfont St. Giles, Bucks); Professor J. KAY JAMIESON, M.B. (Dean of Faculty of Medicine, Leeds).

VENEREAL DISEASES.

President: E. B. TURNER, F.R.C.S.
Vice-Presidents: Colonel L. W. HARRISON, D.S.O., M.B.; MORNA L. RAWLINS, M.B.
Honorary Secretaries: W. H. HARVEY, M.D. (The Dene, Great Shelford, Cambridge); OTTO MAY, M.D. (19, Well Walk, Hampstead, London, N.W.3).

The following Sections meet on Friday only.

ELECTRO-THERAPEUTICS.

President: ALFRED ERNEST BARCLAY, M.D.
Vice-Presidents: ROBERT KNOX, M.D.; ALFRED CHARLES JORDAN, M.D., M.R.C.P.
Honorary Secretaries: E. P. CUMBERBATCH, M.B., M.R.C.P. (15, Upper Wimpole Street, W.1); F. SHILLINGTON SCALES, M.D. ("Redcourt," Adams Road, Cambridge).

MEDICAL SOCIOLOGY.

President: G. E. HASLIP, M.D.
Vice-Presidents: H. B. BRACKENBURY, M.R.C.S., L.R.C.P.; ADAM FULTON, M.B.; C. O. HAWTHORNE, M.D.; Professor BENJAMIN MOORE, D.Sc., F.R.S.
Honorary Secretaries: S. MORTON MACKENZIE, M.B. (9, Rose Hill, Dorking); C. M. STEVENSON, M.D. (90, Chesterton Road, Cambridge).

The Honorary Local Secretaries of the Meeting are J. F. GASKELL, M.D., F.R.C.P., The Uplands, Great Shelford, near Cambridge, and G. S. HAYNES, M.D., 58, Lensfield Road, Cambridge.

INSURANCE.

CORRESPONDENCE.

Unity and Trade Unionism.

SIR,—At a meeting this week of the Cheshire Local Medical and Panel Committee a resolution was carried by a majority that the Committee should advise its constituents to join the Medico-Political Union.

That is a decision which it behoves the British Medical Association to note, for it was dissatisfaction with the British Medical Association which was its main cause.

Although I voted in the minority against the decision, being a convinced opponent of any attempt to apply the Trades Union Act to our profession, I feel strongly that the way in which the matter was presented to the consideration of the Cheshire Committee could have had no other issue than the decision taken, and that so much of it as concerns the Association and its members should be set out in a letter for their consideration.

The way in which the matter was presented was: That it was introduced in an able and temperate speech by Dr. Gough, and seconded by Dr. Wm. Hodgson of Crewe. Dr. Hodgson represented Cheshire and North Wales on the Insurance Acts Committee during the year in which "M.25" was in preparation. His speech, in seconding the resolution, recapitulated various stages in the evolution of that document. During the whole year that he sat on the Insurance Acts Committee, he said, he had been isolated. He was not *persona grata*. He was "out" to carry out the behests of those who had sent him there, and he always found himself against a wall of opposition. The central influences of the Association were too closely connected with governmental circles for independent action in the interests of the profession. He got no support for his protests against the curtailment of the freedom of our craft. He moved resolution after resolution and got no seconder. He wrote articles and letters to the JOURNAL, which seldom, hardly ever, saw the light. Even his speeches in the Conference received the scantiest mention, and no effective report of his views could reach the profession through that one great medical paper by which the Association lives, and which should be the fair medium of communication for all who follow medicine.

And his views were by no means singular or peculiar. They were subsequently endorsed in point after point by the Conference of Panel Committees, and the things against which in the Insurance Acts Committee he had protested were in the Conference struck out. In regard to the obligation to attend midwifery, the proposal to subsidize new panel practitioners on their entry into practice, the limitation of lists, the transfer of practices, and many other matters, the very opinions which Dr. Hodgson had previously and unavailingly urged upon the Insurance Acts Committee afterwards proved to be the views of the majority of the Conference and the profession.

In debate the relation of personal experiences counts for much, and no one who heard Dr. Hodgson and knew his years of devoted service to the public and the profession could fail to be a sympathetic listener.

"I don't want to compare the British Medical Association with the Medico-Political Union," he said, "except to show the direction of effective combination which should be followed to secure the objects which are desirable for the profession. . . . How are we going to organize? I don't care what body it is so long as it will get the profession together in effective support. . . . What can we do with the British Medical Association? They cannot conspire! If it came to a serious fight their funds would be confiscated. The Medico-Political Union's funds would not be confiscated."

"There always gathers round the official ring support which likes to be on the winning side." He would plead, he continued, with a panel doctor to belong to some democratic body which can organize so as to get what it wants—some bond of brotherhood which can energize our opposition. "If we get this strength we can get what price we want for our services, and what conditions. We shall not want conditions which are not honourable."

Such an argument, rooted in personal experiences and delivered by a past master of oratorical persuasion, carried the day. It brushed aside any legal scruples as to the applicability of the Trades Union Act to doctors. It fastened attention on the one factor that was wanted—an organization that would really voice the opinions of general practitioners.

I am an opponent of Dr. Hodgson in the matter of trades unionism; but I do most sincerely endorse his view that a medical association representative of the profession should give full weight and publicity, patient tolerance, and consideration to all shades of medical opinion, both in the BRITISH MEDICAL JOURNAL and in the committees.

A little extra paper, Sir, spent in reporting opinions, even though they prove erroneous, will do much to increase the membership of the Britith Medical Association, and in the long run the unity of the profession for common action. —I am, etc.,

Holmes Chapel, March 20th. LIONEL JAS. PICTON.

*** Two points in Dr. Picton's letter call for notice by us. During the past two years we can trace the receipt of two communications only for publication from Dr. William Hodgson. One was published in the JOURNAL of June 7th, 1919. The other (which reached us on Monday, August 25th, 1919) would have occupied two pages of the JOURNAL, and we were not at that time in a position to provide the necessary space; it was found that the letter had been published in full in another periodical dated Friday, August 29th. In the preparation of reports of the Panel Conferences, as of other meetings published in this JOURNAL, the intention is to give an impartial account of the proceedings. With regard to the particular charge which our correspondent informs us Dr. Hodgson made before the Cheshire Local Medical and Panel Committee, we find on examination of the facts that it is in our judgement entirely unfounded.

In view of the statements regarding the Insurance Acts Committee we have sent a proof of Dr. Picton's letter to the Chairman of that Committee, whose reply follows:

SIR,—Dr. Picton reports in some detail statements said to have been made by Dr. W. Hodgson of Crewe. I have no reason to doubt the accuracy of this report, but the expediency of answering statements made in this fashion is doubtful. Several of the statements, as reported, are however untrue, and I am anxious emphatically to repudiate the charge of unfairness which is made against the Insurance Acts Committee.

Dr. W. Hodgson, of Crewe, was a member of that Committee for one year. At the end of that time he offered himself for re-election, and his constituents preferred to vote for another candidate. This appears to be the reason why Dr. Hodgson considers the Insurance Acts Committee unrepresentative; but, in the present stage of the development of political institutions, this is the usual democratic machinery. While Dr. Hodgson was a member of the Committee he was zealous in attending the meetings and in expressing his opinions about the matters under discussion. It is true that on a number of points he was in a minority of one, but he was always given the fullest opportunity of making his ideas known. I should not myself have described him, as Dr. Picton does, as a "past master of oratorical persuasion," but in my experience, both in the Insurance Acts Committee and at the Conferences of Panel Committees, Dr. Hodgson's rhetorical efforts have always been listened to with patient appreciation, and have been reported with relative fullness by you and with rather more than this elsewhere. Here, again, the real grievance seems to be not that he was not heard, but that he failed to persuade. It is not true, except in one instance, that the points he vainly urged on his colleagues of the Committee were afterwards adopted by the Conference in opposition to that Committee, and in this one instance Dr. Hodgson was not the sole exponent of these views of the Committee but was only one of a large minority.

Every member of the Insurance Acts Committee will, with Dr. Picton, "endorse the view that a medical association representative of the profession should give full weight and publicity, patient tolerance, and consideration to all shades of medical opinion"; and, so far as Dr. Hodgson represents one such shade, I can only affirm that, in committee and in conference, he has had all these things.—I am, etc.,

London, N., March 23rd. H. B. BRACKENBURY.

The Rural Mileage Grant.

SIR,—I think every rural panel doctor will have learnt with some dismay that the arbitrators' award is 11s. per head, and drawn cold comfort from the promise of mileage fees sufficient to balance the difference in cost between urban and rural panel work.

I am keeping records of mileage and of the number of visits to private and panel patients in my rural practice for the Ministry of Health. After reducing the number of my index cards by 16 per cent., the least average of inflation in the two county areas in which my practice lies, I find that the annual cost in mileage of each panel patient on my list is 1s. 4½d. per head taking all together.

far and near. I append the figures for February last, and it will be evident that the allowance I have made for expenditure in travelling by car is as low as possible, and is likely in many years, and in many practices, to be greater.

Dr. Addison has stated recently that the mileage fund of £300,000 equals 5d. per head of the total insured population of the country. If the whole fund is equitably divided between the various panel areas entitled to claim, and if the rural insured population represents a little less than one-third of the total insured population, then the central mileage fund will just cover the out-of-pocket expenses of rural and semi-rural panel doctors in doing their work under the Insurance Acts. If the fund is unequally divided some areas will not receive enough, and if the proportion of rural to urban parts is one-third or greater no areas will receive enough to pay actual costs of doing the work, to say nothing of the value of time expended in travelling in rural practices.

I write earnestly to beg rural panel doctors to keep records and work out their costs on the lines of these I append to this letter and to forward them to the Insurance Acts Committee of the British Medical Association.

It is only by accumulating a good body of really fair and unassailable statistics on this point that it will be possible for the Insurance Acts Committee to prove the necessity of an increased grant for mileage, in the event—which appears to me to be probable—of the present fund proving at the end of this year to be inadequate for the purpose it is claimed it will achieve, that is, of equalizing the payment for work done as between rural and urban panel doctors.

Records should be commenced at once, for summer figures alone will not give the annual average.—I am, etc.,

Tanworth-in-Arden, March 18th. J. HENRY STORMONT.

Insurance Index Cards (January, 1920):

Warwickshire	450
Worcestershire	136
Total	586

Of these, allowing for inflation, I am paid for about 500.

February, 1920:

Total miles travelled	1,058
Visits paid—Private	461
" " Insured	73

Proportion of private to insured, 6½ to 1.

Travelling Costs for annual mileage of, say, 10,000 with Ford car:

	£ s. d.	£ s. d.
Tyres, petrol, oil, grease (cost 3d. per mile) ...		125 0 0
Charges:		
Insurance	8 10 0	
Licences	3 8 0	
Repairs and spare parts	42 2 0	
Proportion of boy's wages	26 0 0	
Depreciation	50 0 0	—130 0 0
		255 0 0
Private mileage costs (per annum)		221 0 0
Insurance mileage costs (per annum)		34 0 0

Cost per head for 500 insured patients for whom I am actually responsible and am paid 11s.=1s. 4½d. per annum.

Insurance Remuneration.

SIR,—To those of us who have been able to read carefully the proceedings of the arbitration and Dr. Brackenbury's explanations of it two impressions stand out distinctly:

First, that the whole of the profession is deeply under an obligation to Dr. Brackenbury for so ably debating the point of view of the medical profession and for holding so high the aims of the profession at large and the standard of future panel work—far higher, apparently, than those held by the Ministry of Health.

Secondly, that if we are dissatisfied with the award of the arbitrators—as no doubt we justifiably are—we have no one to blame but ourselves, as the inability of the Insurance Acts Committee to convince the arbitrators that our claims were just was solely due to a want of reliable data to prove our case.

It is clear that if we are ever to obtain what we believe is fair and just payment for work done, we must keep such statistics *now* as will prove our just claims later on. Will the Insurance Committee now tell us what data they will require? They could be obtained each quarter by the Panel Committees—if practitioners prefer they could be rendered under a number or *nom de plume*—and it should be the duty of each Panel Committee to collect such data and place them at the disposal of the Insurance Committee. This scheme, if it is to be of any use, should be organized forthwith if the evidence is to be available when the terms of service are next reconsidered.

I believe many curious phenomena would be discovered, such as the higher percentage per head of attendances in rural districts over those of urban districts, the decreased visits during periods of high-employment periods as against consultations in such periods, etc.—I am, etc.,

Langford, Somerset, March 15th. ERNEST D. PINEO.

Testimonial to Dr. Brackenbury.

SIR,—As a desire has manifested itself that the great services rendered to the insurance profession by Dr. Brackenbury and his colleagues on the Reconstruction Subcommittee of the Insurance Acts Committee should be recognized, the Standing Committee of Group K have resolved themselves into a committee for the purpose of meeting this desire. The undersigned have been appointed secretaries to the fund. A circular letter has been sent to the secretaries of all Local Medical and Panel Committees for issue to the practitioners of their areas in the following terms:

"A widespread desire has manifested itself to acknowledge in a substantial manner the work done for the profession by the Reconstruction Subcommittee of the Insurance Acts Committee. In order to afford the profession an opportunity of gratifying this desire, a central committee, consisting of Drs. H. J. Cardale, J. A. Angus, G. Cohen, C. F. T. Scott, C. E. Brunton, H. R. Brown, F. H. Dayus, and H. S. Beadles, has been formed, with Drs. B. A. Richmond and R. J. Farman (secretary and assistant secretary of the London Panel Committee) as secretaries of the fund. It is, of course, impossible adequately to express the gratitude of the profession for the work accomplished by Dr. Brackenbury and his colleagues; even those who may be somewhat disappointed at the results will recognize the vast amount of time which these busy practitioners have bestowed upon a particularly thankless task. I do not apologize for asking you to send me your subscription of 10s., for I am sure you would wish to be associated with this movement, which is receiving the whole-hearted support of the panel profession. It is intended that Dr. Cox shall participate in the proposed recognition.

Dr. Brackenbury's work was of such an outstanding character that recognition in his case would be of a special nature. It is hoped that all insurance practitioners will support this fund by sending their subscriptions to the secretaries of their Panel and Local Medical Committees at as early a date as possible.—We are, etc.,

B. A. RICHMOND,
ROBT. J. FARMAN,
Secretaries, Panel Committee for the County of London.

Staple House, 51, Chancery Lane, W.C., March 23rd.

SIR,—I should like to express my entire agreement with Dr. Hedley's letter in the SUPPLEMENT to the JOURNAL (March 20th, p. 83) as to the immense work of Dr. Brackenbury for the profession as Chairman of the Insurance Acts Committee, and also the greatness of our gratitude for it. I am not now in practice, but I was on the Norfolk panel from the start, and was also a member of the Panel Committee. I claim, therefore, to know something of the working of the Insurance Act, and I know that the grasp of the whole affair shown by Dr. Brackenbury could only have been acquired by considerable effort and at the cost of much time. I shall be pleased to subscribe to a testimonial.—I am, etc.,

Cheltenham, March 20th. LEGGE PAULLEY.

Insurance Work in Rural Areas.

SIR,—Herewith an interesting contrast. I am called to see a patient at the neighbouring village of N——. I get out my motor (it happens to be a sidecar, but let that pass). It is raining and blowing hard from the West. I grind 200 feet up out of the village on lowest gear (four right-angled corners and a 12-foot road), slither skidding down again to the head of the creek, across the bridge, up, with spinning wheel, another 200 odd feet above the water and down again to N——. At a modest estimate, say twenty minutes, and a cost of a shilling, and the same returning. It is just under 2 miles, so I get not one halfpenny as "mileage." True I could have got on oilskins, dragged down the dinghy and had a hard pull over against wind and rain. It would have taken longer, but I should have spent nothing except much physical energy and a bit more wear off the boat. Six hours out of every twelve, of course, the boat won't float! Still the tide *might* happen to fit.

A friend practising on the outskirts of a town some twenty miles away from here is called to a patient in a village three miles out. His practice is large enough for him to afford the protection of a car. He runs out along the main road, sees the patient, and is back inside twenty

minutes. He gets "mileage." In future, if the patient happens to be distant 0.01 over the three miles, he will get extra "mileage."

Let all practitioners in practices such as I have first hinted at do as I have done. When asked by their County Committee to give mileage distances, point out strongly in a covering letter that it is the nature and surfaces of the roads, not mere distance, that causes the expense of transport. It seems elementary to us, but we are ruled by town dwellers.—I am, etc.,

March 14th. "TRULY RURAL."

LOCAL MEDICAL AND PANEL COMMITTEES.

COUNTY OF LONDON.

AT its meeting on March 23rd the London Panel Committee by a standing vote expressed its great sense of loss at the death of Sir Robert Morant, who had always shown the greatest interest in the welfare of the medical profession and especially of insurance practitioners.

The Committee approved unanimously of the scheme prepared by the Standing Joint Committee for Group K for the recognition of the services rendered to insurance practitioners by Dr. H. B. Brackenbury and his colleagues on the Reconstruction Subcommittee of the Insurance Acts Committee, and pledged itself to do all in its power to make the scheme a success. Dr. Claude Taylor said that it was proposed to elicit a subscription if possible from all insurance practitioners and make a presentation to Dr. Brackenbury and his colleagues at a dinner to be held probably on the occasion of the next annual conference of Local Medical and Panel Committees. The Committee also passed a resolution regretting that Dr. Brackenbury had not been appointed a member of the Medical Consultative Council and hoping that this serious omission would be set right at the earliest opportunity. Dr. Coode Adams moved an amendment deleting the second part of this resolution on the ground that Dr. Brackenbury had not proved a successful negotiator in the matter of practitioners' remuneration and the new Regulations. The amendment found only two supporters. It was agreed to communicate the resolution to the Prime Minister, the Chairman of the Consultative Council, and the Minister of Health.

The Committee agreed upon the desirability of taking steps to secure an amendment to the clause of the Amending Act, 1913, providing for the administrative expenses of Panel Committees. It was urged that the Insurance Committee should be authorized to allot for the administrative expenses of the Panel Committee a sum not exceeding 1d. per annum in respect of each insured person, but that before any allotment exceeding the present ½d. was made a referendum should be taken among the insurance practitioners of the area, and no authority be given when more than 25 per cent. of the practitioners signified objection.

It was reported that the number of cases of complaints against practitioners dealt with by the Medical Services Subcommittee of the Insurance Committee during 1919 was 66, of which 42 were substantiated. Of these 42 the nature of the complaint in 14 was inability to obtain treatment; in 7, a charge made for treatment; in 6, refusal to treat; and in 5, neglect in treatment. Only 1 complaint was made by a practitioner against an insured person—for unseemly behaviour—and was substantiated.

EAST SUSSEX.

A WELL attended meeting of the Medical and Panel Committees for East Sussex was held at Lewes on March 16th. The scheme put forward by the London Committee in recognition of the services of members of the Reconstruction Committee of the Insurance Acts Committee in the recent arrangement of terms met with hearty approval, as also did a resolution of appreciation of the services of Dr. Williams-Freeman, the group representative in the same connexion. A number of practitioners were selected to keep the mileage accounts desired by the Ministry; and representatives and their deputies were appointed on the new Allocation Committee. A resolution was passed stating that the new record cards to be kept should be in the custody of the patient, whose duty it should be to produce them for entries when needed.

CERTIFYING FACTORY SURGEONS.

ABOLITION OF THE SIXPENNY FEE FOR EXAMINATION.

IN a note on the report issued by the Association of Certifying Factory Surgeons, published on March 6th, it was mentioned that representations had recently been made to the Chief Inspector of Factories respecting the inadequacy of the fees paid for medical examinations when granting certificates of fitness. When the fee was fixed at 6d. by a schedule attached to the Factory Act of 1878 it was strongly criticized as inadequate by the British Medical Association and the Royal Colleges in London. We are now glad to note that an Order, dated March 9th and coming into force on March 22nd, has been issued by the Secretary of State which has the effect of abolishing the sixpenny fee. The new scale is as follows:

When the examination is at the factory or workshop, 1s. for each person examined, with a minimum fee of 2s. 6d. for any one visit; and also, if the factory or workshop is more than one mile from the surgeon's central point, 6d. for each complete half-mile over and above the mile.

When the examination is not at the factory or workshop, but at the residence of the surgeon, or at some place appointed by the surgeon for the purpose, and that place as well as the day and hour appointed for the purpose has been published in the prescribed manner, 1s. for each person examined.

Although this change in the scale of fees will be welcome by certifying surgeons and approved by the profession generally, the new arrangement does not fully meet the case, as recently presented to the Chief Inspector of Factories. The minimum fee of 2s. 6d. for a visit to a factory, which was established so long ago as 1836, as the proper remuneration at that time, has not been altered, so that there will be no material benefit to the surgeon unless more than two persons are examined on any single occasion. The feeling among certifying surgeons appears to be that the purchasing value of 2s. 6d. was much greater in 1836 than that of 5s. in 1920, and that their request for the minimum fee to be fixed at 5s. is very reasonable. Although when five or more are examined, the fee would be the same with either the 2s. 6d. or 5s. minimum, as the average number examined at each visit hovers between two and three, it does not appear that the new arrangement will increase the total earnings to any great extent. As we previously pointed out, the certifying surgeon has full power to arrange with the employer respecting the amount of fees to be paid, and we anticipate that he will continue to do so.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

THE following appointments are announced by the Admiralty:—Surgeon Commanders: C. J. O'Connell to the *Crescent*, for Lyness Naval Base (temporarily); W. N. Blatchford to the *Weymouth* on commissioning; J. P. H. Greenhalgh to the *Lion* (temporarily); J. D. Keir to the *Crescent III*, for Admiralty Experimental Station, Shandon. Surgeon Lieutenant Commanders: A. J. Tozer to the *Hood*; J. H. Burdett to the *Surprise* on commissioning.

ARMY MEDICAL SERVICE.

ROYAL ARMY MEDICAL CORPS.

Lieut.-Colonel and Brevet Colonel D. J. Collins to be temporary Colonel whilst an Assistant Director of Medical Services from July 22nd to August 31st, 1917, inclusive.

Lieut.-Colonel F. E. Gunter, D.S.O., relinquishes the temporary rank of Colonel.

Lieut.-Colonel W. J. Taylor retires on retired pay.

Temporary Lieut.-Colonel G. S. Jackson, C.B.E., D.S.O., T.D. (Major and Brevet Lieut.-Colonel, 7th Northumberland Fusiliers, T.F.) relinquishes his temporary commission.

Majors relinquish the temporary rank of Lieutenant-Colonel: D. Ahern, D.S.O., A. C. Osburn, D.S.O.

Temporary Major C. E. F. Mouat-Biggs to draw the pay and allowances of his rank from January 4th to 24th, 1920.

The following officers relinquish the acting rank of Major: Captain and Brevet Major T. A. Weston, Captains R. H. Lucas, O.B.E., M.C., S. H. Smith, W. T. Graham, L. S. C. Roche, M.C., temporary Captains N. McA. Gregg, M.C., F. O. Clarke, L. Anderson, D.S.O., C. B. Davies, M.C., R. B. Roe, E. J. Maxwell, P. McCool.

To be acting Majors: Captain and Brevet Major W. F. Christie, Captains F. R. Coppinger, O.B.E. (from June 1st, 1919, to January 3rd, 1920), W. B. Rennie, M.C., temporary Captain C. B. Jones.

Captain J. W. G. H. Riddel, M.C., resigns his commission.

Captain J. E. Hepper is seconded for service with the Egyptian Army.

Captain G. J. Keane, D.S.O., retires, receiving a gratuity, April 30th, 1919, and the notification in the *London Gazette* of February 4th, 1920, regarding this officer is cancelled.

Temporary Captain (acting Major) F. J. Fahy relinquishes the pay and allowances of his acting rank, April 16th, 1918, and his acting rank, April 18th, 1918.

To be temporary Captains: P. H. Shelley (late Surgeon Lieutenant, R.N.), M. J. Whelton.

The following officers relinquish their commissions:—Temporary Major J. L. Maxwell, on ceasing to be employed at the Graylingwell War Hospital, and retains the rank of Major. Temporary Captain G. W. Milne, O.B.E., on account of ill health contracted on active service, and is granted the rank of Lieutenant-Colonel. Temporary Captain H. C. Gibson, on account of ill health, and is granted the rank of Major. Temporary Captain A. C. Hancock, M.C., on account of ill health contracted on active service, and is granted the rank of Major. Temporary Captains, and retain the rank of Captain: T. W. Shaw (August 22nd, 1919, substituted for notification in the *London Gazette* of September 10th, 1919), J. K. Clarke, W. H. Swaffield, A. Leach, C. Dean, M.C., W. L. Locke, T. S. Goodwin, A. R. Jennings, W. Weir, H. M. Wilson, W. J. Thomas, R. K. H. Gillespie, W. C. Mayo, A. H. Manfield, Alfred Leitch, J. A. R. Thompson (on account of ill health caused by wounds), H. S. Sugars, D.S.O., M.C., R. A. C. Rigby, H. L. S. Griffiths

ROYAL AIR FORCE.

MEDICAL BRANCH.

Captain J. J. Sinclair relinquishes his commission on account of ill health contracted on active service, and is permitted to retain his rank.

Transferred to the unemployed list: Captain W. H. Anderson. Second Lieutenant H. W. Boot.

SPECIAL RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Captain (acting Major) E. J. Bradley, M.C., relinquishes the pay and allowances of his acting rank, March 14th, 1919, and relinquishes the acting rank of Major, April 1st, 1919.

Captain A. W. Wells resigns his commission.

Captain D. McEachran relinquishes his commission.

Captain J. W. Mann relinquishes his commission on account of ill health contracted on active service, and retains the rank of Captain.

Captain W. B. Foley, O.B.E., relinquishes the acting rank of Major.

Captains C. S. Parker and P. A. O'Brien relinquish their commissions on account of ill health and retain the rank of Captain.

TERRITORIAL FORCE.

ROYAL ARMY MEDICAL CORPS.

Captain (acting Lieut.-Colonel) J. M. A. Costello, M.C., relinquishes the acting rank of Lieutenant-Colonel on ceasing to be specially employed.

Captains (acting Majors) relinquish the acting rank of Major on ceasing to be specially employed: J. W. Dale, M.C. (December 28th, 1918, substituted for notification in the *London Gazette*, February 26th, 1919), J. St. G. Wilson, M.C., E. C. Hobbs, W. Appleyard (March 3rd, 1919).

Captain (acting Major) M. Coplans, O.B.E., D.S.O., relinquishes the rank of Major on ceasing to hold the appointment of Deputy Assistant Director of Medical Services, October 18th, 1919 (substituted for notification in the *London Gazette* of February 11th, 1920).

2nd London Sanitary Company.—Captain D. Smith is restored to the establishment. Lieutenant J. Ogilvie to be Captain.

3rd Southern General Hospital.—Captain R. E. Humphry relinquishes his commission on account of ill health contracted on active service and is granted the rank of Major.

4th Southern General Hospital.—Captain (Brevet Major) E. G. Smith is restored to the establishment.

West Lancashire Divisional Sanitary Section.—Captain A. Reid is seconded under paragraph 112, T.F. Regulations.

TERRITORIAL FORCE RESERVE.

ROYAL ARMY MEDICAL CORPS.

Major A. E. Hodder, D.S.O., from 3rd North Midland Field Ambulance, to be Major.

The announcements in the *London Gazette* of the dates indicated regarding the following officers are cancelled: Captains W. M. Langdon (December 12th, 1918), D. M. Johnston, W. C. F. Harland (December 30th, 1918), W. Robertson, M.C. (January 7th, 1919), J. F. Ward and A. H. T. Andrew (December 18th, 1918), C. H. Bullen (January 13th, 1919), I. C. Keir and G. Candler (December 17th, 1918), H. L. Munro (January 22nd, 1919).

VOLUNTEER FORCE.

Temporary Lieut.-Colonels relinquish their commissions and are granted the honorary rank of Lieutenant-Colonel: Lancashire R.A.M.C.V.: E. Quayle, M.B.E. East Yorkshire R.A.M.C.V.: G. Easton (Honorary Colonel ret. T.F.).

Temporary Majors relinquish their commissions and are granted the honorary rank of Major:—Essex R.A.M.C.V.: J. White-Hopkins, K. S. Storrs (Captain T.F.R.). Glamorganshire R.A.M.C.V.: A. W. Anderson. Hertfordshire R.A.M.C.V.: T. P. G. Wells. Kent R.A.M.C.V.: P. G. Selby, G. T. Giddings, W. H. F. Noble, E. C. Warren, F. Brightman, W. F. Umney, A. Tennyson-Smith, H. Porter, E. D. Fitz-Gerald, G. L. Bunting, J. Sterry. Middlesex R.A.M.C.V. (Motor Ambulance Convoy): P. G. Darvil-Smith. Northamptonshire R.A.M.C.V.: E. H. Harries-Jones. Shropshire R.A.M.C.V.: G. Hollies, J. Lytle. Somerset R.A.M.C.V.: H. C. Bristowe. Surrey R.A.M.C.V.: C. S. Crichton. Sussex R.A.M.C.V.: W. Conway-Cooke, F. E. Richardson, A. C. Roberts (Lieut.-Colonel T.F.R.). East Yorkshire R.A.M.C.V.: A. H. Johnston, A. Wilson, H. D. Johns, A. T. Brand, V.D., (Surgeon Major ret. Vols.).

Temporary Captains relinquish their commissions and are granted the honorary rank of Captain:—Hampshire R.A.M.C.V.: F. C. Bottomley, A. C. D. Newton. Hertfordshire R.A.M.C.V.: P. G. H. Bayon. Kent R.A.M.C.V.: R. Wilkinson, H. W. Thomas, T. W. Hinds, R. M. H. Randell, A. C. Haslem, J. P. Henderson, S. A. E. Griffiths, F. E. Nichol, W. R. Brunton, W. F. H. Coke, P. J. Curtis, C. D. Outred, R. G. Wills, R. A. Walter, J. A. Meeke, J. M. Bennion, C. J. Evers, F. W. Gange, P. N. Randall, F. Fraser, T. W. Bailey, W. J. D. Best. Suffolk R.A.M.C.V.: W. F. Fryer, H. P. Sleigh, D. N. Seth-Smith, G. H. Ransome, M. H. Hannigan, G. I. T. Stewart, S. O. Eades, A. C. Young, G. R. Fox, F. C. Wetherell, E. A. C. Baylor, O. A. Clark, M.B.E., J. Aylen, E. J. C. Dicks. Surrey R.A.M.C.V.: A. S. Taylor. Sussex R.A.M.C.V.: A. P. Sherwood, J. B. Collins, S. P. Matthews. East Yorkshire R.A.M.C.V.: E. Harrison, J. L. Holt, A. H. Field, R. T. Forster, D. H. Davy, R. D. Bradford, W. L. Wyatt. West Riding R.A.M.C.V.: J. H. Rowe, C. H. Greenwood, W. H. Helm, C. L. Pattison, P. Rattray, H. W. Whiteley, J. D. Gray, R. F. C. Ward.

Temporary Lieutenants relinquish their commissions and are granted the honorary rank of Lieutenant:—Essex R.A.M.C.V.: C. P. Day. Glamorganshire R.A.M.C.V.: C. J. Wyatt. Gloucestershire R.A.M.C.V.: C. V. Knight. Hampshire R.A.M.C.V.: A. J. Stedman. Kent R.A.M.C.V.: S. Sills, L. R. Dence, W. R. J. Morris, H. O. Jones, F. Holgate-Smith, F. E. Hill. Northamptonshire R.A.M.C.V.: E. J. Jennings. Rutlandshire R.A.M.C.V.: J. S. P. Dickey. Suffolk R.A.M.C.V.: R. Rendall, J. Pawsey, H. G. Biddle. Sussex R.A.M.C.V.: E. H. Sweet, R. F. H. Newton, F. Skaife, F. J. Nicholls, F. S. Tidcombe. East Yorkshire R.A.M.C.V.: E. R. Wilson, J. Whiteside, H. Anthony, F. B. Bailey. West Riding R.A.M.C.V.: W. Hirst, J. Barclay, T. A. Caley, E. A. White, G. H. Menzies, J. P. O'Connell, O. H. Hudson, T. Johnstone, P. Bennett.

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Diary of the Association.

MARCH.

30 Tues. Willesden Division, St. Andrew's Parish Hall, High Road, Willesden Green, 8.30 p.m.

31 Wed. Glasgow and West of Scotland Branch: Annual General Meeting, Faculty Hall, 242, St. Vincent Street, Glasgow, 4 p.m.
London: Central Ethical Committee, 2 p.m.

APRIL.

1 Thurs. London: Grants Subcommittee, 11 a.m.
London: Organization Committee, 2 p.m.
Brighton Division, Sussex County Hospital, 4 p.m.: Clinical Demonstrations (General).

7 Wed. London: Finance Committee, 2.30 p.m.

14 Wed. London: **Council.**

20 Tues. London: Scrutiny Subcommittee, 2.30 p.m.

21 Wed. North Middlesex Division: Lecture by Mr. A. Fleming, F.R.C.S., on Vaccine Therapy.

27 Tues. Kesteven Division, Lincoln, 3 p.m.

28 Wed. Plymouth Division: Lecture by Sir Frederick Mott, K.B.E., F.R.S.: The Early Symptoms and Diagnosis of Diseases of the Spinal Cord.

DIARY OF SOCIETIES AND LECTURES.

RÖNTGEN SOCIETY, X-Ray and Electrical Departments, St. Bartholomew's Hospital, E.C.—Tuesday, 8.15 p.m., General meeting.

POST-GRADUATE COURSES AND LECTURES.

BROMPTON HOSPITAL FOR CONSUMPTION, S.W.—Wednesday, 4.30 p.m. Dr. Gosse: Difficulties in Diagnosis.

MANCHESTER ROYAL INFIRMARY.—Tuesday, 4.30 p.m., Dr. W. E. Fothergill: Gynæcological Diagnosis.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith, W.—Daily: 10 a.m., Ward visits; 2 p.m., In-patient and Out-patient Clinics and Operations. Saturday (March 27th), 10 a.m., Dr. Arthur Saunders: Diseases of Children; 2 p.m., Dr. Owen: Out-patients. Monday, Dr. Grainger Stewart: Medical Out-patients; 2 p.m., Mr. Donald Armour: Operations. Tuesday, 10 a.m., Dr. McDougal: Electrical Department; 2.30 p.m., Mr. Tyrrell Gray: Operations. Wednesday, 10 a.m., Mr. Banks Davis: Throat, Nose, and Ear Operations; 2 p.m., Mr. Gibb: Eye Department. Thursday, 2 p.m., Mr. MacDonald: Out-patients; 2 p.m., Mr. Bishop Harman: Eye Department. Friday, 2 p.m., Dr. Pritchard: Medical Wards; 2 p.m., Dr. Pernet: Skin Department.

APPOINTMENTS.

SHERA, J. E. P., M.D., L.R.C.P., Medical Superintendent, Somerset and Bath Asylum, Wells.

DISTRICT MEDICAL OFFICERS.—F. S. B. Fletcher, M.B., Ch.B.Edin. (Huddersfield Union), P. J. F. Garvey, M.B., Ch.B.Edin. (Wolstanton and Burslem Union), W. H. Hardy, M.B., B.Ch. Belf. (North Witchford Union), E. S. Jones, M.R.C.S., L.R.C.P. (Alton Union), G. W. L. Kirk, M.B., Ch.B. Leeds (Bellingham Union), P. T. Sutcliffe, M.B. (Stratford-on-Avon Union).

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is **7s. 6d.**, *which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue.*

BIRTHS.

LIVINGSTON.—At 47, Castle Street, Dumfries, on the 20th inst., the wife of George R. Livingston, M.D., F.R.C.S.E., a daughter.

TAYLOR.—On March 17th, at 54, Glenloch Road, Hampstead, to the wife of Charles Joseph Taylor, M.D., of Nuneaton, a son (Charles Louis).

MARRIAGE.

MCLEAN—FALLOWS.—At Cape Town, on 25th February, by the Rev. R. Whyte, M.A., B.D., David W. McLean, M.B., Ch.B.Edin., of Eversley, Annan, to Esther, second daughter of the late M. J. Fallows, of Birmingham.

DEATH.

BATTESON.—On March 18th, at 9, Coldershaw Villas, West Ealing, John Batteson, M.R.C.S.Eng., L.R.C.P.Edin., L.S.A., aged 77.

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